REMARKS

Applicant hereby elects, without traverse, the species of Figs. 23-25 (Method Species 2). Applicant further elects, without traverse, the subspecies of Figs. 7 to 9.

Claim 34 has been amended. 35 to 38 have been canceled. Claims 1 to 33 and 39 to 44 have been previously canceled. New dependent method claims 45 and 46 are submitted for prosecution.

Claims 34; 45; and 46 remain in the application. Of these, claim 34 is the sole independent method claim.

Claims 34; 45; and 46 read upon the elected species and subspecies. It is believed that claims 34; 45; and 46 are generic to all subspecies 2 to 5.

Claim 34 stands rejected under 35 U.S.C. § 112. The Examiner does not believe the term "to place the elastic body in extension within the left atrium" has sufficient support in the specification. Claim 34 has been amended to define the elastic body as being in a state of net compression within the left atrium. Express support for this terminology is found, e.g., on Specification Page 19, lines 13 to 18.

Claim 34 stands rejected under 35 USC § 102(e) based upon Quijano et al. (US 2003/0191528) or Gabbay (US 6,419,695). Claims 36 and 37 (now cancelled) also stood rejected under 35 USC § 103 based upon Gabbay.

Claim 34 has been amended to define a method comprising (i) identifying for treatment a mitral heart valve in a left atrium having a native mitral heart valve annulus, a pair of native mitral valve leaflets on the mitral valve annulus, and native first and second mitral valve leaflet commissures positioned on opposite sides of the native mitral heart valve annulus, defining between the first and second native mitral valve leaflet commissures a major axis of the native mitral heart valve annulus. The method defined in amended claim 34 further includes (ii) providing an implant comprising an elastic body sized and configured to extend between the native first and second mitral valve leaflet commissures at or above the native mitral heart valve annulus within the left atrium, the elastic body having a spring constant capable of being elastically compressed out of a normal unloaded condition into an elastically loaded state of net compression. As further defined in amended claim 34, spaced-apart first and second struts are appended to the elastic body to contact tissue at or near the native first and second mitral valve leaflet commissures, respectively. The method defined in amended claim 34 further includes (iii) introducing the implant into the left atrium where the mitral heart valve identified in (i) is located, comprising establishing an intravascular path that extends from a right atrium through a septum into the left atrium and deploying the implant through the intravascular path while in the normal unloaded condition. The method defined in amended claim 34 further includes (iv) displacing and stretching tissue along the major axis of the native mitral heart valve annulus by placing the first strut into contact with tissue at or near the native first mitral valve leaflet commisure, and maintaining force on the first strut to elastically compress the elastic body while placing the second strut into contact with tissue at or near the native second mitral valve commissure. As defined in amended claim 34, this places the elastic body in the state of net compression within the left atrium between the native first and second mitral valve leaflet commissures at or above the native mitral heart valve annulus without removal of any native mitral valve leaflet. The state of net compression thereby reshapes the native mitral heart valve annulus to affect coaptation of all the native mitral valve leaflets.

Quijano does not teach or suggest a method as defined in amended claim 34, in which an elastic implant body is introduced into a left atrium while in a normal unloaded condition, and placed in a state of net compression by placing a first strut on the elastic body into contact with tissue at or near a native first mitral valve leaflet commisure, and maintaining force on the first strut to elastically compress the elastic body while placing the second strut into contact with tissue at or near a native second mitral valve commissure. In Quijano, an expandable annular ring is expanded in situ by the application of heat to a shape-memory material, before the annular ring is anchored in any way to tissue. It is only after the annular ring is expanded, that the anchoring elements are activated (also by heat) to penetrate annulus tissue (see Quijano, paragraphs 0072 and 0073). Quijano does not teach or suggest placing an elastic implant into a state of net compression with respect to a mitral valve. Quijano expands (not compresses) the annular ring in situ. The expansion occurs before the annular ring engages tissue, so there is no tissue interaction as the expansion occurs. It is only after expanding the annular ring that Quijano engages tissue. The engagement itself is accomplished by a circumferential array of tissue-piercing anchoring elements that deploy simultaneously in response to heat. Quijano does not teach or suggest a stepwise method of implantation, as defined in amended claim 34, that places a first strut on the elastic body into contact with tissue at or near a native first mitral valve leaflet commisure, and maintains force on the first strut to elastically compress the elastic body while placing the second strut into contact with tissue at or near a native second mitral valve commissure.

Further, Quijano does not teach or suggest establishing an intravascular path that extends from a right atrium through a septum into the left atrium, deploying an elastic implant through the intravascular path while in a normal unloaded condition, and placing the elastic implant into a state of net compression between the commissures of a mitral valve in the manner defined in amended claim 34.

Gabbay teaches an open procedure for implanting a preformed heart valve. Gabbay does not teach or suggest an intravascular procedure that deploys an elastic implant from a right atrium through a septum into a left atrium in an unloaded condition, and places the elastic implant into a state of net compression between the commissures of a mitral valve annulus within the left atrium in the manner defined in amended claim 34.

Claims 34; 45; and 46 are believed to be condition for allowance.

Respectfully Submitted,

By______________________________
Daniel D. Ryan, Reg. No. 29,243

RYAN KROMHOLZ & MANION, S.C.
Post Office Box 26618
Milwaukee, Wisconsin 53226
(262) 783 - 1300
Customer No.: 26308
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